FUEL, TOLL & FERRY REIMBURSABLE EXPENSES CLAIM FORM EMD-036

Washington Military Department
Emergency Management Division

INSTRUCTIONS:

1. This form is in two (2) parts: Part One is required general information and eligible reimbursable fuel, ferry crossing, and toll bridge expenses. Part Two is to be completed by the local Director of Emergency management.
2. All responses must be in ink and all requested items must be completed.
3. Claimant must be a registered Emergency Worker in accordance with Revised Code of Washington (RCW) 38.52, and Washington Administrative Code (WAC) 118-04, and must have been working under Emergency Management authority at the time the expense was incurred.
4. A state Mission/Incident number or Evidence Search Training Mission number must have been assigned.
5. Receipts for all claimed expenses must be included.
6. When completed, this form must be signed on the back by claimant or claimant's representative.
7. Claimant's social security or tax ID number must be included with claim.
8. If claimant is unable to present and file the claim (due to incapacitation, etc.) or if claimant is a minor, or a nonresident of the state, the claim may be presented and filed on behalf of the claimant by claimant's legal representative, any relative, attorney, or agency representing the claimant.
9. If total claim for mission/incident number exceeds $2,000.00, before sending in the claim, a compensation board must be established in accordance with RCW 38.52.210. Contact Washington Emergency Management Division for further information.

Submit original claim and all supporting documentation to your local Director of Emergency Management or Search and Rescue Coordinator (WAC 118-04-360).

PART ONE:
TO BE COMPLETED BY EMERGENCY WORKER (CLAIMANT) OR REPRESENTATIVE

NAME OF CLAIMANT: _____
Last First M.I.

CLAIMANT'S ADDRESS: _____

_____
City State Zip

SOCIAL SECURITY NO. _____

UNIT/GROUP NAME: _____

UNIT TAX ID NO. _____

EMERGENCY WORKER CARD NUMBER: _____

COUNTY WHERE REGISTERED: _____

HOME PHONE: (___) _____

WORK PHONE: (___) _____

UNIT/GROUP ADDRESS: _____

_____

DESCRIPTION OF VEHICLE: _____
Make Type (Car, PU, 4x4, Van) Year License # State

COUNTY MISSION/INCIDENT TOOK PLACE: _____

MISSION OR INCIDENT # _____

DATE OF INCIDENT: _____

WAS MISSION IN EXCESS OF 24 HOURS?_____ WAS VEHICLE DRIVEN MORE THAN 100 MILES?_____

TOTAL AMOUNT OF CLAIM: $_____

FUEL

TOTAL GALLONS PURCHASED: _____ COSTS: $_____
(Multiple fuel purchases on a mission for an individual must be added together) (All receipts must be included)

BRIDGE/FERRY

BRIDGE OR
FERRY: _____ COSTS: $_____
(Multiple crossings on a mission for a vehicle must be added together) (All receipts must be included)

LIST ALL PASSENGERS BELOW:

PASSENGER NAME: _____	EMER. WORKER CARD #: _____	PASSENGER NAME: _____	EMER. WORKER CARD #: _____
PASSENGER NAME: _____	EMER. WORKER CARD #: _____	PASSENGER NAME: _____	EMER. WORKER CARD #: _____
PASSENGER NAME: _____	EMER. WORKER CARD #: _____	PASSENGER NAME: _____	EMER. WORKER CARD #: _____
PASSENGER NAME: _____	EMER. WORKER CARD #: _____	PASSENGER NAME: _____	EMER. WORKER CARD #: _____

(If more space is needed, please attach additional sheets)

ATTACH RECEIPTS TO THIS FORM AND SUBMIT TO YOUR LOCAL DEM OFFICE FOR PROCESSING
EMERGENCY WORKER (CLAIMANT) OR LEGAL REPRESENTATIVE MUST SIGN THIS CLAIM FORM

I hereby certify or "declare" under penalty of perjury under the laws of the State of Washington that the foregoing is a true and correct claim for necessary expenses incurred by me or claimant and that no payment has been received by me or claimant on account thereof.

_____ _____ _____
Signature of Emergency Worker (Claimant) Date Address

_____
City County

If the Claimant is incapacitated from verifying, presenting, and filing the claim or if the claimant is a minor, or is a nonresident of the state, the claim may be verified, presented, and filed on behalf of the claimant by any relative, attorney, or agent representing the claimant. All claims for damages against the state arising out of tortuous conduct shall be presented to and filed with the Risk Management Office.

(NOTE: For general statutory provisions governing claims against the State of Washington, see chapter 4.92.100 RCW. For specific information regarding Emergency Management Worker Claims, see RCW 38.52 and chapter 8, Laws of 1971, 1st Extraordinary Session, Section 4)

PART TWO
TO BE COMPLETED BY THE EMERGENCY MANAGEMENT/SERVICES DIRECTOR FOR THE JURISDICTION WHERE THE INCIDENT OCCURRED OR FOR THE JURISDICTION WHERE THE CLAIMANT IS REGISTERED.

I have reviewed the information in Part One and it is true to my best knowledge and belief.

_____ _____
Director's Signature Date

Don't forget to check:

[ ] Copy of DEM-078 with Emergency Worker name showing? [ ] Receipts as specified included? [ ] Form(s) properly filled out and signed?

Form EMD-036 (Rev. 10/99) All other versions are obsolete and should not be used.